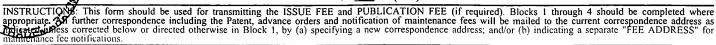
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Elizabeth Miller	(Depositor's name)
Elizabeth Miller	(Signature)
August 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/059,957	11/26/2001	Michael P. Caren	10990640-2	7830

TITLE OF INVENTION: FABRICATING BIOPOLYMER ARRAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	ISSUE FEE PUBLICATION F		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	30 \$300		\$1630	08/18/2004
EXA	MINER	ART UNI	Т	CLASS-SUBCLASS	7	
SIEW, JEFFREY		1637		435-006000	_	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents Of firm (havi agent) and	nting on the patent front page up to 3 registered patent; R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is listented.	attorneys or 1 Gordor of a single attorney or 2 tered patent	Stewart

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Palo Alto, CA

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Please check the appropriate assignee c	ategory or categories (will not b	pe printed on the patent);	individual	Corporation or other private group entity	government
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):			
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Publication Fee		☐ Payment by credit of	ard. Form PTO-	-2038 is attached.	
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